

Supplemental Appendix 3 Copy of Survey Instrument

State of California
Department of Personnel Administration
2007 Total Compensation Survey

INTRODUCTION AND GENERAL INSTRUCTIONS

The State of California, Department of Personnel Administration is conducting a Total Compensation Survey for three benchmark classes. We would greatly appreciate your assistance in collecting the requested information.

This Total Compensation Survey instrument is comprised of five sections:

- The first section asks some general information questions with respect to your agency.
- The second section represents the Total Compensation Survey and provides structured salary data collection sheets on page 4. The descriptions for these survey classes are provided on page 5. If your agency has a comparable class, please provide the requested information.
 - Note that the monthly minimum and maximum salary provided to your agency's comparable class is requested.
 - Please list the bargaining group that represents each of your agency's classes that you are able to match to the survey classes.
 - Please list the number of budgeted positions and filled positions for each comparable classification
- The third and fourth sections of this survey (pages 6-9), provides structured benefits data and retirement information collection sheets. This information is particularly critical to our efforts to survey for Total Compensation.
- The fifth section of this survey (page 10), requests information on recruitment and retention issues.

In completing the survey, we ask that you do the following:

1. Please complete all sections of the questionnaire using the **September 1, 2007** salary and benefit information for your agency's classification that matches the benchmark classification.
2. Please include copies of your agency's salary schedules, organization charts and the classification specifications for the comparable classes, or provide the website address where this information may be found.
3. Please email the completed survey by **September 21, 2007**, to LiisaRohmer@dpa.ca.gov
4. If you have any questions about the survey or any of the data being requested, please contact Liisa Rohmer by e-mail or at (916) 324-3865.

Thank you for your cooperation and participation.

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PARTICIPATING AGENCY CONTACT INFORMATION

Please complete the following information so that we can track responses and follow-up as necessary.

Agency Name

Address

Contact Name

Title

Telephone Number

Fax Number

E-mail Address

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I. GENERAL INFORMATION

Please provide information concerning cost-of-living-adjustment (COLA) increases for the following:

- General Employees Last COLA Date _____ Amount _____
Next COLA Date _____ Amount _____

Please provide the number of hours per week (40, etc.) considered to be full time employment with your agency for the following:

- General Employees_____

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II. COMPENSATION SURVEY

Salary Data Collection Sheets – Refer to Descriptions on Page 5.

#	Survey Class Title	Your Agency's Class Title	Min. monthly salary (as of 9/07)	Max. monthly salary (as of 9/07)	Bargaining Unit of matched class	Number of budgeted positions	Number of filled positions
1	Compliance Representative						
2	Motor Vehicle Licensing-Registration Examiner						
3	Commercial Vehicle Inspector						

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#	SURVEY CLASS	CLASS DESCRIPTION
1	Compliance Representative	This is a journey level class that performs a full range of tax and revenue related tasks needed to fulfill tax revenue and collection services used by the state. Positions provide assistance to business entities, or taxpayers to ensure compliance with tax laws, collect delinquent taxes or other debts, and perform a variety of compliance and collection functions. They ensure compliance with personal, corporation and employer tax laws, and other revenue programs. Positions may serve in technical, staff and administrative roles to fulfill various aspects of compliance and collection work, including collection, registration, revocation, and, in some cases, preliminary criminal investigation. Education: One year of experience performing tax compliance or debt collections work. OR graduation from college, which must include at least one course each in basic accounting or Federal or State taxation and business or commercial law; and one course in either economics, business administration, or public administration.
2	Motor Vehicle Licensing-Registration Examiner	Under general direction, the journey-level Examiner perform the most difficult and sensitive work in driver licensing, vehicle registration, and related areas dealing directly with the public in a Department of Motor Vehicles' assigned field office. At least 50% of any duties involve giving practical performance tests to applicants. Two years of experience in the Department of Motor Vehicles is required.
3	Commercial Vehicle Inspector	Under general supervision, the journey-level inspector is responsible for ensuring that motor carriers are in compliance with State and Federal laws and regulations pertaining to operating, safety, mechanical, preventive maintenance, and hazardous materials handling practices to ensure the safety of the motoring public. The inspector prepares comprehensive written reports of inspections conducted; makes detailed investigations of vehicles involved in accidents to determine if the cause was mechanical, and when called upon, serves as a technical expert on a multidisciplinary accident investigation team to investigate complex or multiple fatality motor vehicle accidents. Four years of experience in journey level mechanics including mechanical repair and preventive maintenance program or automotive or mechanical engineering experience.

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III. BENEFITS SURVEY

- This is a survey of your employee benefits and costs as of **September 1, 2007**.
- If employees do not receive a specific benefit, please enter "NA" for "not applicable" in the appropriate columns.
- Please report all premiums as a monthly cost.

Retirement Contribution Practices	General Employees
What is the total Employer contribution, as a percentage of base salary?	
What is the total Employee contribution, regardless of who pays it, as a percentage of base salary?	
What is the percentage of the Employee contribution paid by Employer (if applicable)?	
What is the percentage of the Employee contribution paid by the Employee (if applicable)?	
Deferred Compensation Practices	General Employees
What is the maximum Employer contribution (enter as dollars or percentage of base salary)?	
Longevity Pay Practices	General Employees
Enter the amount paid per month, in dollars, or as a percentage of salary, for premium pay based on length of service. Enter each level of longevity pay including the year of service and corresponding pay amount.	
Incentive/Bonus Pay	General Employees
If you have an incentive or bonus pay program, provide the average amount paid across the organization at the last payout and the date of last payout. Please attach the policy.	
Social Security	General Employees
Indicate whether your agency participates in Social Security at the full rate of 7.65% (Medicare and FICA), or 1.45% (Medicare only).	

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Cafeteria Plan Practices - If your agency has a cafeteria plan provision, please answer the following questions.	General Employees
Enter maximum monthly amount paid by employer	
Enter maximum monthly amount paid by employee	

For health-related benefits, provided separate from a cafeteria plan, please base your responses on the **most commonly selected plan** (combined employer and employee contribution) for family coverage.

Medical Insurance Costs	General Employees
List the employer's maximum contribution for full family coverage (for the most commonly selected plan).	
List the employee's maximum contribution for full family coverage (for the most commonly selected plan).	
Dental Insurance Costs	General Employees
List the employer's maximum contribution for full family coverage (for the most commonly selected plan). If cost is included in medical, indicate by entering "inc."	
List the employee's maximum contribution for full family coverage (for the most commonly selected plan).	
Vision Insurance Costs	General Employees
List the employer's maximum contribution for full family coverage (for the most commonly selected plan). If the cost is included in medical, indicate by entering "inc."	
List the employee's maximum contribution for full family coverage (for the most commonly selected plan).	

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Vacation Leave	General Employees	
Enter the number of days accrued per year for each year of service, as well as the maximum amount that can be accrued in that year.	Annual Accrual	Max Accrual
Year 1		
Year 5		
Year 10		
Year 15		
Year 20		
Maximum Accrual Rate		
List the year of service for maximum accrual		
Sick Leave	General Employees	
List the number of days per year and the maximum accrual.	Annual Accrual	Max Accrual
Holidays	General Employees	
List the number of holidays provided each year to each group.		

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IV. RETIREMENT INFORMATION	
Retirement Benefit Information	General Employees
What is the retirement formula provided to employees (e.g. <u>2% @ 55</u> , etc.)?	
What is the compensation component of your agency's retirement formula (e.g. highest year, etc)?	
Please list the retirement plan your agency provides to employees (e.g. 37 Act, CalPERS, etc.).	
What is your agency's vesting policy for eligibility for retirement (e.g. employee must have at least 5 years of service to be eligible)?	
<p>What is the monthly amount paid by the employer for retiree medical coverage for the following categories? Please use the most common medical plan as the basis for the premium (e.g. Kaiser, Blue Shield HMO, etc.) and identify what the most common plan is.</p> <p style="text-align: right;">Retiree Only</p> <p style="text-align: right;">Retiree and Spouse</p> <p style="text-align: right;">Retiree and Family</p> <p style="text-align: right;">Most Commonly Used Plan</p>	
<p>What is the monthly amount paid by the employer for retiree dental coverage for the following categories? Please use the most expensive dental plan as the basis for the premium and identify what the most common plan is.</p> <p style="text-align: right;">Retiree Only</p> <p style="text-align: right;">Retiree and Spouse</p> <p style="text-align: right;">Retiree and Family</p> <p style="text-align: right;">Most Commonly Used Plan</p>	
<p>Does your agency have a vesting policy for eligibility for retiree medical and/or dental (e.g. employee must have at least 5 years of service to be eligible)?</p> <p>If yes, what is the eligibility requirement?</p>	

V. RECRUITMENT AND RETENTION INFORMATION

For the classifications included in this survey, does your state have employee recruitment and retention problems? If so, please check the affected classifications in the following list.

Compliance Representative	Yes__	No__
Motor Vehicle Licensing-Registration Examiner	Yes__	No__
Motor Carrier Specialist	Yes__	No__

Please explain what steps you are taking to help alleviate any recruitment and retention problems.
